

Today, Rep. Pete Stark and several additional members of Congress introduced the “Medicare Critical Need GME Protection Act.” This bill would provide authority to the Secretary of the Department of Health and Human Services to continue full funding of direct graduate medical education (GME) for specialties or subspecialties in which there are critical professional shortages.

“Congress already recognizes two subspecialties for full funding of GME – preventive medicine and geriatric medicine. My bill simply provides the Secretary with the flexibility to define other appropriate specialties and subspecialties for similar treatment and to provide full GME funding for as long as the Secretary deems it is necessary,” Rep. Stark explained. “In general, the U.S. has an oversupply of specialty professionals. But there are exceptions. We should not hinder training of specialists or subspecialists where there is evidence that too few qualified professionals are available to meet the healthcare needs of our nation.”

Clarice Kestenbaum, President of the American Academy of Child and Adolescent Psychiatry, offered support for the legislation: “As a medical specialty in critical need, child and adolescent psychiatry welcomes this legislation that will ease hospital financial barriers to training in the specialty. The Surgeon General’s 1999 report on mental health clearly stated that, ‘There is a dearth of child psychiatrists’...Recognizing this shortage and allowing direct graduate medical education to support fully the training of child and adolescent psychiatrists will respond to the national demands for increased treatment and services for youngsters with mental illnesses.”

Under current law, Medicare GME funding is provided to hospitals in order to fully underwrite the direct costs of resident training. But Medicare’s reimbursement for additional training in a specialty or subspecialty is about half that for normal residency training.

“By giving the Secretary the ability to allocate funds to attract and train professionals in certain ‘at risk’ fields of medicine, we will simultaneously improve patient care and lower long-term healthcare costs,” Rep. Stark said. “This bill is only the first of many steps needed to improve Medicare’s graduate medical education program. The system needs a complete overhaul. I hope that Congress will soon turn its attention to true GME reform that asks all health plans – not just Medicare – to subsidize the cost of training medical residents.”